

**DECLARATION FOR UTILITY OR  
DESIGN PATENT APPLICATION  
(37 CFR 1.63)**Declaration  
Submitted  
With Initial  
FilingDeclaration  
Submitted after  
Initial Filing  
(surcharge 37 CFR  
1.16 (e) required)

OR

Attorney Docket Number

**WP 21731 US**

First Named Inventor

**Hoenes**

COMPLETE IF KNOWN

Application Number

**Unknown**

Filing Date

**December 3, 2005 (Herewith)**

Art Unit

**Unknown**

Examiner Name

**Unknown**

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

INTEGRATED TEST ELEMENT

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119 (a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Check Only If Priority Not Claimed	Certified Copy Attached?	
				YES	NO
PCT/EP2004/005924 103 25 699.7	PCT DE	06/02/2004 06/06/2003		<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under U35 USC 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

Under the Paperwork Reduction Act of 1995, no persons are required to a collection of information unless it contains a valid OMB control number.

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below, and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.							
U.S. Parent Application or PCT Number		Parent Filing Date (MM/DD/YYYY)			Parent Patent Number (If applicable)		
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.							
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:							
<input checked="" type="checkbox"/> Customer Number		<div style="border: 1px solid black; padding: 2px; display: inline-block;">32842</div>		<div style="border: 1px solid black; padding: 2px; display: inline-block;">Place Customer Number Bar Code Label Here</div>			
OR							
<input type="checkbox"/> Registered practitioner(s) name/registration number listed below.							
Name		Registration Number		Name		Registration Number	
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information Sheet PTO/SB/02C attached hereto.							
Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number Bar Code Label <div style="border: 1px solid black; padding: 2px; display: inline-block;">32842</div> OR <input type="checkbox"/> Correspondence address below							
Name							
Address							
Address							
City							
Country							
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.					
Given Name (first and middle [if any])				Family Name or Surname			
Joachim				HOENES			
Inventor's Signature					Date		
Residence	City	Zwingenberg	State		Country	Germany	Citizenship
							German
Post Office Address		Rodauer Strasse 50a					
Post Office Address							
City	D-64673 Zwingenberg		State		ZIP		Country
							Germany
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>  1  </u> supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.							

Name of Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.							
Given Name (first and middle [if any])					Family Name or Surname				
Karl					MILTNER				
Inventor's Signature						Date			
Residence	City	Frankenthal	State		Country	Germany	Citizenship	German	
Post Office Address		Ernst-Lu.-Kirchner-Strasse 22							
Post Office Address									
	City	D-67227 Frankenthal	State		ZIP		Country	Germany	
Name of Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.							
Given Name (first and middle [if any])					Family Name or Surname				
Inventor's Signature						Date			
Residence	City		State		Country		Citizenship		
Post Office Address									
Post Office Address									
	City		State		ZIP		Country		
Name of Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.							
Given Name (first and middle [if any])					Family Name or Surname				
Inventor's Signature						Date			
Residence	City		State		Country		Citizenship		
Post Office Address									
Post Office Address									
	City		State		ZIP		Country		

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**Assistant Commissioner for Patents  
Washington, DC 20231**


**GENERAL APPOINTMENT OF REPRESENTATIVE FOR  
U.S. PATENT AND PATENT APPLICATION**

**The undersigned applicant or assignee hereby appoints D. Michael Young, Reg. No. 33,819, Richard T. Knauer, Reg. No. 35,575, Brent A. Harris, Reg. No. 39,215, Jill Lynn Woodburn, Reg. No. 39,874, and Marilyn L. Amick, Reg. No. 30,444 all of Roche Diagnostics Corporation, 9115 Hague Road, P.O. Box 50457, Indianapolis, Indiana 46250, Telephone (317) 845-2000:**

**to prosecute and transact all business on its behalf before the United States Patent and Trademark Office in connection with any U.S. patent assigned to it and any U.S. patent application filed by it or on its behalf and to receive payments on its behalf.**

**Signed this 24<sup>th</sup> day of November, 1999 at Mannheim, Germany.**

**Roche Diagnostics GmbH**



**Signature**

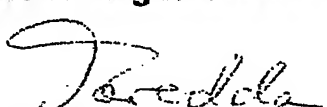
**Dr. Bernd Kolb**

**Print Name**

**Senior Vice President**

**Position or Title**

**Roche Diagnostics GmbH**



**Signature**

**Dr. Andreas Poreda**

**Print Name**

**Director**

**Position or Title**